

MDR Tracking Number: M5-04-2040-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-09-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic procedures, joint mobilization, neuromuscular re-education, myofascial release, team conference by physician, unlisted procedure, and TENS 2 lead localized stimulation from 4/08/03 through 7/10/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 4/08/03 through 7/10/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

May 21, 2004

MDR Tracking #: M5-04-2040-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review.

In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ with a stress injury to her left wrist, elbow, and wrist. An MRI of the left wrist performed on 03/21/03 was essentially normal and an MRI of the left elbow revealed some edema along the dorsum of the elbow. EMG and nerve conduction studies indicated carpal tunnel syndrome and left cubital syndrome. Clinical assessment was left carpal tunnel syndrome, DeQuervain's syndrome, and probable silent cubital tunnel syndrome with left lateral epicondylitis. The patient underwent arthroscopic surgery on 04/14/03. Treatment also included chiropractic care billed from 04/08/03 through 07/10/03.

Requested Service(s)

EST OFC/OTH O/P VST EVL, therapeutic procedure, joint mobilization/Osteo manipulation, Neuromuscular re-education move, myofascial release, team conference by phys, phys TX 1 Ar Unlisted procedure, TENS 2-lead multiple Ne, billed from 04/08/03 to 07/10/03.

Decision

It is determined that the EST OFC/OTH O/P VST EVL, therapeutic procedure, joint mobilization/Osteo manipulation, Neuromuscular re-education move, myofascial release, team conference by phys, phys TX 1 Ar Unlisted procedure, TENS 2-lead multiple Ne, billed from 04/08/03 to 07/10/03 were not medically necessary to treat this patient condition.

Rationale/Basis for Decision

The medical record documentation consists of computer generated daily notes that were essentially verbatim during the time period in question. Each day's record could be superimposed on the next day's record. For that reason, there is no documentation that would substantiate the medical necessity for care beyond the initial 24 sessions of therapy. The medical record documentation fails to substantiate that the aforementioned services fulfilled the requirements of Texas Labor Code 408.021 since the treatment did not relieve or cure the effects of the injury, did not promote recovery and did not enhance the employee's ability to return to or retain employment. The patient had wrist surgery on 05/14/03 (during the time frame in question), cervical epidural injections on 06/26/03 (near the end of the time frame in question). The necessity of those treatments indicates that the care in question was not beneficial and not medically necessary. Therefore, the EST OFC/OTH O/P VST EVL, therapeutic procedure, joint mobilization/Osteo manipulation, Neuromuscular re-education move, myofascial release, team conference by phys, phys TX 1 Ar Unlisted procedure, TENS 2-lead multiple Ne, billed from 04/08/03 to 07/10/03 were not medically necessary to treat this patient condition.

Sincerely,